

State of Maine
Board of Licensure in Medicine
137 SHS 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of November 13, 2012
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A. Board Orders (None)

B. Consent Agreement Monitoring and Approval

1. Venkatram Nethala, M.D. (Request to reduce counseling)
2. William Tiemann, M.D. (Request release)
3. Alexandria Nesbit, P.A.-C. (Change of Monitors)
4. Catherine A. Lockwood, M.D. CR11-479/CR 12-2[SEE APPENDIX B ATTACHED]

VII. Adjudicatory Hearing(s) (None)

VIII. Remarks of Chairman (None)

IX. Executive Director's Monthly Report

The Board accepted the report of the Executive Director.

A. Complaint Status Report (FYI)

B. Policy Action – SS Death Index (FYI)

C. Policy Review Public Complaints about Board Staff

D. Board Sponsorship Role in USMLE Step 3

X. Medical Director's Report (None)

XI. Remarks of Assistant Attorney General (None)

XII. Secretary's Report

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- 2. List D (2) Withdraw License from Registration
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- XVI. FSMB Material (FYI)
- XVII. Other Business – Chronic Pain Project Report (Tabled)
- XIII. Adjournment 2:51 p.m.

**State of Maine
Board of Licensure in Medicine
137 SHS 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of November 13, 2012**

BOARD MEMBERS PRESENT

Gary R. Hatfield, M.D, Chairman
David R. Andrews, M.D.
Cheryl Clukey
David H. Dumont, M.D
Dana Dyer
David D. Jones, M.D.
David Nyberg, Ph.D.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D., Medical Director
Jean M. Greenwood, Administrative Assistant
Dan Sprague, Assistant Executive Director
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

Drs. Gleaton and Barnhart were excused.

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective James Gioia

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C). The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS

9:16 a.m. – 9:19 a.m.
10:28 a.m. – 10:45 a.m.
11:59 a.m. – 12:40 p.m.
12:40 p.m. - 2:51 p.m.

PURPOSE

Call to Order
Recess
Noon Meal
Public Session

EXECUTIVE SESSION

9:19 a.m. -10:28 a.m. Reviewing Complaints
10:45 a.m. – 11:59 a.m. Reviewing Complaints

I. Call to Order -Dr. Hatfield

Dr. Hatfield called the meeting to order at 9:16 a.m.

A. Amendments to Agenda

1. Joel A Hendler, M.D. CR11-317 Consent Agreement
2. Catherine A. Lockwood, M.D. CR11-479/CR12-22 Consent Agreement
3. Scott Adelman, M.D. List B – Secretary's Report

B. Scheduled Agenda Items (None)

Executive Session

II. Complaints

1. Review Draft Letters of Guidance (None)
2. CR 11-317 Joel Hendler, M.D. Consent Agreement [SEE APPENDIX A ATTACHED]

Dr. Dumont moved to accept the Consent Agreement in the matter of Joel Hendler, M.D. CR11-317. Mr. Dyer seconded the motion, which passed unanimously.

3. CR 12-101

Dr. Andrews moved to investigate further CR 12-101. Dr. Jones seconded the motion, which passed unanimously.

4. CR 12-152

Ms. Clukey moved to dismiss CR 12-152. Dr. Jones seconded the motion, which passed unanimously with Dr. Nyberg absent for the vote.

The patient complains her physician refused to order the diagnostic testing she requested, and accused her of lying and abusing the health care system. The physician explains his treatment of this patient, which included a physical exam, appropriate testing to develop a working diagnosis, and two specialist referrals. In his medical opinion, the further testing requested by the patient was not justified. The physician expressed surprise and regret that the patient now feels she was accused of not being truthful and of "abusing the system." No such accusation was ever intended, and there was no hint the patient felt uncomfortable with their discussion during the appointment.

5. CR 12-153

Dr. Hatfield moved to order an Informal Conference in the matter of CR 12-153. Dr. Jones seconded the motion, which passed unanimously.

6. CR 12-73

Mr. Dyer moved to order an Informal Conference in the matter of CR 12-73. Dr. Jones seconded the motion, which passed unanimously.

7. CR 12-96 Robert A. Sylvester, M.D.

Ms. Clukey moved to dismiss CR 12-96 Robert A. Sylvester, M.D. with a Letter of Guidance. Dr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Hatfield recused.

The patient's husband complains that he was charged for interpreter services for his non-English speaking wife. He explains that at other medical appointments an interpreter was provided at no charge to them. He wrote to the physician asking for confirmation of the

charges, but did not get a response. The physician responds that there is no office policy concerning the use of interpreters and that the patient was not informed that there might be a fee for the interpreter, prior to billing. It is suggested the physician develop an office policy to inform patients about who is responsible for interpreter services if not covered by insurance.

8. CR 12-44 (Tabled)

9. CR 12-59 (Tabled)

10. CR 12-123

Ms. Clukey moved to dismiss CR 12-123. Dr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

The patient alleges that the physician, a neurologist, to whom she was referred by her primary care physician for tremors, failed to diagnose a physical problem that was causing her tremors. The patient also alleges that the physician did not examine her skull and would not prescribe her certain medication until she saw a psychiatrist. The physician responds by describing her care and treatment of the patient, which included taking the patient's medical history. The physician noted that the patient did not disclose as part of her medical history that she might have sustained a head injury in 1975. The physician also explains her decision to prescribe certain medications to the patient, and her recommendation that the patient seek a psychiatric consult. The medical records corroborate the physician's diagnosis and treatment decisions.

11. CR 12-124

Ms. Clukey moved to dismiss CR 12-124. Dr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

The patient alleges that the physician, a radiation oncologist to whom she was referred, came into the exam room, said nothing for 20 minutes, then told her that there was a 0% chance that she would not need further treatment. The patient subsequently went to another medical practice, which indicated that no further treatment was necessary. The physician responds by indicating that the patient was referred to him for a preliminary consult, and that he neither formed a treatment plan nor ordered any treatment because the patient would be having another consultation with another medical practice. The physician indicated that at the beginning of the consult, he asked the patient how she was doing and to tell him her story. At this point, the patient handed the physician a piece of paper entitled "My Story" and asked that he read it through before discussing anything, which the physician did. The physician apologized for any hesitation during the time that he was attempting to digest the contents of the paper and before he spoke. He did not mean this to be in any way negative. The physician was unable to recall any discussion with the patient about the need for further treatment, but indicated that he is rarely in a position to deal in absolute percentages with patients and would not feel comfortable

telling a patient that he would “always” or “never” need further treatment. The physician apologized for any concerns that the patient had regarding her appointment with him.

12. CR 12-58

Dr. Dumont moved to dismiss CR 12-58. Mr. Dyer seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

This complaint comes from a patient who had an abnormal mammogram and subsequent abnormal biopsy. The patient expressed dissatisfaction with the approach and recommendations offered by the consulting surgeon. Review of the physician’s records and response shows a straightforward approach based on standard surgical practice with limited alternative treatment options, all of which were appropriately communicated to the patient. The actual tone of the discussion between the patient and the physician cannot be evaluated. In addition, what the patient had been told by others prior to her appointment may have compounded communication issues with the surgeon.

13. CR 12-141

Dr. Hatfield moved to dismiss CR 12-141. Dr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

The complainant feels that his inguinal hernia surgery was inappropriately performed, leading to multiple severe complications. A review of the record shows informed consent listing infection and pain as possible complications of the surgery. The patient suffered post-operative pain that persisted for many months. He was seen in consultation by two other surgeons, who felt that his symptoms were the result of scar tissue formation and local nerve injury at the site of the surgery. Although the outcome here was unfortunate, it is a known complication of hernia surgery, and is not indicative of incompetence. The complainant also questions whether this surgery was actually done by a different physician, but no evidence is found of this. He raises the issue of his primary care physician being contacted by the surgeon in an effort to keep the patient from finding out all that may have happened, but evidence is not found of this either.

14. CR 12-132

Mr. Dyer moved to dismiss CR 12-132. Dr. Jones seconded the motion, which passed unanimously.

The patient alleges this physician and others associated with her surgery implanted an unauthorized device. Review of the patient’s medical records does not reveal that any implantation was performed, nor is such a device known to exist. The patient’s care was appropriate and uneventful.

15. CR 12-131

Mr. Dyer moved to dismiss CR 12-131. Dr. Jones seconded the motion, which passed unanimously.

The patient alleges this physician and others associated with her surgery implanted an unauthorized device. Review of the patient's medical records does not reveal that any implantation was performed, nor is such a device known to exist. The patient's care was appropriate and uneventful.

16. CR 12-133

Mr. Dyer moved to dismiss CR 12-133. Dr. Jones seconded the motion, which passed unanimously.

The patient alleges this physician and others associated with her surgery implanted an unauthorized device. Review of the patient's medical records does not reveal that any implantation was performed, nor is such a device known to exist. The patient's care was appropriate and uneventful.

17. CR 12-134

Mr. Dyer moved to dismiss CR 12-134. Ms. Clukey seconded the motion, which passed unanimously.

The patient alleges this physician and others associated with her surgery implanted an unauthorized device. Review of the patient's medical records does not reveal that any implantation was performed, nor is such a device known to exist. The patient's care was appropriate and uneventful.

18. CR 11-438 James W. Ross, M.D.

Dr. Andrews moved to dismiss CR 11-438 James W. Ross, M.D with a letter of guidance. Mr. Jones seconded the motion, which passed 6-0-0-1 with Mr. Dyer recused.

The complainant alleges poor surgical judgment and inadequate informed consent for her surgery. The doctor states that informed consent was well documented and that the plan was further clarified by dictating a note in the patient's presence.

Record review shows that surgery was recommended after appropriate evaluation. Several months after surgery, similar symptoms recurred and a new problem was diagnosed, for which referral was made. The patient underwent two subsequent operations by another surgeon with substantial resolution of her problems.

The consent for the initial surgery cites nonspecific surgical risks, but does not mention any of the problems that the patient developed. The surgeon has since developed a procedure-specific informed consent document that clearly explains the procedure and

inherent risks. The surgeon has presented to the Board a procedure-specific document that substantially addresses the problems that were encountered in this case.

The letter of guidance will emphasize the essential components of the informed consent process as described in the Board's guidelines for obtaining meaningful informed consent.

19 CR 12-54

Dr. Andrews moved to dismiss CR 12-54. Mr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Hatfield recused.

A surgeon alleges a colleague routinely rendered inappropriate care and had excessive complications. The respondent states that an outside review requested by the hospital resulted in no adverse actions. The Board obtained a review of records from an outside surgical consultant. This review revealed no significant breaches of the standard of care and no practice patterns of concern. Board records include no patient complaints, hospital privilege restrictions, or liability actions. The allegations were deemed to be without merit.

20. CR 12-63

Ms. Clukey moved to order an Informal Conference in the matter of CR 12-63. Mr. Dyer seconded the motion, which passed unanimously.

21. CR 12-76 Bruce G. Manly, P.A.-C.

Dr. Jones moved to dismiss CR 12-76 Bruce G. Manly, P.A.-C. with a letter of guidance. Dr. Andrews seconded the motion, which passed unanimously.

The female complainant states that the male physician assistant was unprofessional with his exam and speech during an Emergency Department visit. She felt that she was questioned and spoken to inappropriately and examined in an unnecessary and unexplained manner. She was told: "Simon didn't say you could get up yet," when she tried to get off the exam table. Mr. Manly's response to the complaint was that he practices in a "casual but professional style" and did not realize that the patient was uncomfortable.

Mr. Manly was asked further questions by the Board to clarify the facts of the complaint. He responded that his practice style was casual but professional. He sits at the bedside, for the purpose of putting patients at ease, while he has a conversation with them. He sees his role with them as a partner, and thinks that they generally feel heard. He also stated that he generally does not explain what he is doing while examining a patient unless the sensitive nature of the exam requires explanation. He states he does usually explain why he wants patients to unzip or unbutton their pants. He states he usually does not talk in the third person and will not use "Simon says" again. Also, he will strive to

pay more attention to patients' levels of anxiety while examining them, reassuring the patient, and explaining the exam as needed.

The letter of guidance will emphasize that respect, attention to the patient's dignity, and informed participation are important components of a patient's history and exam.

Casualness on the part of the medical provider can be confusing to a patient, and can be perceived as insensitive or disrespectful.

22. CR 12-102

Dr. Andrews moved to investigate further CR 12-102 by reviewing additional charts. Dr. Jones seconded the motion, which passed unanimously.

23. CR 12-137

Dr. Andrews moved to dismiss CR 12-137. Dr. Dumont seconded the motion, which passed 6-0-0-1 with Dr. Jones recused.

A mother alleges inappropriate care of her child by the ENT surgeon because symptoms of sleep apnea were not being addressed. The respondent states that the mother denied symptoms of disordered breathing at the initial visit and did not mention such symptoms at subsequent visits. Record reviewed indicate initial surgical referral for recurrent otitis media with parental denial of breathing problems. Notes of operative and follow-up care indicate appropriate management. There was never any mention in the PCP's notes about concerns for airway obstruction. Although there was likely a component of poor communication between all parties involved, the Board did not find cause for further investigation.

24. CR 12-159

Ms. Clukey moved to dismiss CR 12-159. Mr. Dyer seconded the motion, which passed 5-0-0-2 with Dr. Andrews and Dr. Jones recused.

The patient alleges the physician treated her unprofessionally. The patient was treated by the physician for a bowel obstruction due to a "j-pouch" which was done surgically in 1998 at another clinic. The physician performed a sigmoidoscopy and was concerned to find an odd shaped pouch (pouchitis). The physician communicated her suspicion of possible Crohn's disease and referred the patient to a gastroenterologist for confirmation. The patient became very anxious about this possible diagnosis. The physician also recommended the patient go back to the other clinic for medical care since they did the original surgery and follow-up care through 2005, which the patient did. The patient/physician communication became strained due to the patient's anxiety and frustration about what she perceived to be inadequate followed up. The records confirm the physician's medical care was complete and appropriate.

25. CR 12-163

Dr. Jones moved to dismiss CR 12-163. Mr. Dyer seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

The patient complains the physician refuses to acknowledge that her neuralgia is due to medication wrongly administered to her and he is obstructing her ability to obtain justice. She also complains she is still sick. The physician explains his diagnosis and that a previous consultant made the same diagnosis. He is unaware of any association between the patient's neuralgia and the previously prescribed medication. He points out the chronic nature of the neuralgia and that the patient has at times started and stopped treatment meant to help her symptoms. While the cause of her neuralgia is unknown, he has not obstructed her ability to pursue justice for her complaint.

26. CR 12-164

Dr. Jones moved to dismiss CR 12-164. Dr. Dumont seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

The patient complains the physician wrongly accuses her of having a mental illness. This diagnosis interferes with her ability to obtain justice for a wrongly administered medication and leaves her life in constant peril. The physician points out that the diagnosis was made by previous healthcare providers and is documented in her medical record. This diagnosis has been an issue in his interactions with the patient and this is documented in the medical record. He denies he has obstructed her ability to obtain justice.

27. CR 12-165

Dr. Andrews moved to investigate further CR 12-165. Dr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Nyberg recused.

28. CR 12-169

Dr. Hatfield moved to investigate further CR 12-169. Dr. Dumont seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

29 CR 12-171

Dr. Nyberg moved to dismiss CR 12-171. Dr. Jones seconded the motion, which passed unanimously.

The Board filed this complaint after receiving information about three possible surgical errors. The physician, who has admitted the errors, explains how they came about, what he has done to rectify each situation, what he has done to ensure no such errors occur in future practice, and assures the Board that there is no long term harm to any of the three

patients. DHHS has investigated the matter and concluded that the physician's response to the errors, once discovered, was appropriate and sufficient, and that the changes he has put in place will prevent a recurrence. DHHS and the Board will take no further action.

30. CR 12-173

Dr. Jones moved to dismiss CR 12-173. Dr. Dumont seconded the motion, which passed unanimously.

The Board issued a complaint that this physician practiced in an incompetent and unprofessional manner. He was writing oxycodone prescriptions for a patient who was arrested for trafficking in oxycodone. The physician's response reviewed his role in the care of this patient's pre- and post-operative care and pain management, and the five oxycodone scripts he wrote for this patient over a 40 day period. He notes that others were also prescribing narcotics for this patient. He agrees that he overlooked or ignored information from the other treating surgeon and did not appropriately utilize the tools available to him for narcotic prescribing. He acknowledges his mistakes and but does not feel these show overall lack of ability or fitness for practice. He prides himself on continued life-long learning and the ability to learn from mistakes. His practice has adopted a new policy on Opioid Therapy and embraced narcotic universal precautions. He wants to share with, and teach those around him what he has experienced and learned. The Board commends this physician for his willingness and ability to learn from his mistakes and incorporate what he has learned into his practice.

31. Intentionally Left Blank

32. CR 11-510

Mr. Dyer moved to dismiss CR 11-510 without prejudice. Dr. Jones seconded the motion, which passed unanimously.

33. CR 11-482 Thomas A. Tarter, M.D.

Dr. Nyberg moved to dismiss CR 11-482 Thomas A. Tarter, M.D and flag for non-renewal. Dr. Dumont seconded the motion, which passed unanimously.

III. Assessment & Direction

34. AD12-170 (CR12-219)

Dr. Jones moved to issue a complaint in the matter of AD12-170 (CR12-219). Dr. Nyberg seconded the motion, which passed unanimously.

35. AD 12-197 (CR12-220)

Dr. Dumont moved to issue a complaint in the matter of AD12-197 (CR12-220). Dr. Andrews seconded the motion, which passed unanimously.

36. AD12-206 (CR12-221)

Dr. Andrews moved to issue a complaint in the matter of AD 12-206 (CR12-221). Dr. Nyberg seconded the motion, which passed 6-0-0-1 with Dr. Jones recused.

37. AD12-213/CR12-20 Myra Altman, M.D.

Following its review of CR12-20 and AD12-213, the Board took the following actions:

Dr. Jones moved to initiate a new complaint (CR12-20), order an Adjudicatory Hearing, and summarily suspend Dr. Altman's medical license. Dr. Nyberg seconded the motion, which passed unanimously.

- a. It voted to initiate a new complaint based upon the information in AD12-213;
- b. It voted to summarily suspend Dr. Altman's medical license pursuant to 32 M.R.S. § 3282-A(2) and 5 M.R.S. § 10004(3) as it determined that Dr. Altman's continued practice of medicine constituted an immediate jeopardy to the health and safety of the public and failing to immediately suspend her license would not adequately respond to the risk.
- c. It voted to schedule a consolidated adjudicatory hearing regarding CR12-20 and AD12-213 on December 11, 2012.

38. Complaint Status Report (FYI)

39. Consumer Assistant Feedback (FYI)

40. Physician Feedback (FYI)

IV. Informal Conference(s) (None)

Noon Meal
Public Session

V. Minutes of October 9, 2012

Dr. Dumont moved to approve the minutes of October 9, 2012 as amended. Dr. Jones seconded the motion, which passed unanimously.

VI. Board Orders & Consent Agreement Monitoring and Approval

A. Board Orders (None)

B. Consent Agreement Monitoring and Approval

1. Venkatram Nethala, M.D. (Request to reduce counseling)

Dr. Jones moved to allow Dr. Nethala be allowed to decrease counseling to every two months. Dr. Andrews seconded the motion, which passed 4-3.

2. William Tiemann, M.D. (Request release)

Dr. Dumont moved to grant Dr. Tiemann's request to be released from his consent agreement and allowed to withdraw his Maine license. Dr. Jones seconded the motion, which passed unanimously.

3. Alexandria Nesbit, P.A.-C. (Change of Monitors)

Dr. Jones moved to approve Jamie Spofford, D.P.T. as Ms. Nesbit's temporary workplace monitor until February 7, 2013. Mr. Dyer seconded the motion, which passed unanimously.

Dr. Jones moved to approve John A. Bradford, M.D. as Ms. Nesbit's peer monitor beginning February 7, 2013 when she begins her new job at EMMC. Dr. Andrews seconded the motion, which passed unanimously.

4. Catherine A. Lockwood, M.D. CR11-479/CR 12-2[SEE APPENDIX B ATTACHED]

Dr. Jones moved to approve a Consent Agreement in the matter of Catherine A. Lockwood, M.D. CR11-479/CR 12-2. Dr. Dumont seconded the motion, which passed unanimously.

VII. Adjudicatory Hearing(s) (None)

VIII. Remarks of Chairman (None)

IX. Executive Director's Monthly Report

The Board accepted the report of the Executive Director.

A. Complaint Status Report (FYI)

B. Policy Action – SS Death Index (FYI)

C. Policy Review Public Complaints about Board Staff

Dr. Nyberg moved to reaffirm the policy to Review Public Complaints about Board Staff. Dr. Jones seconded the motion, which passed unanimously.

D. Board Sponsorship Role in USMLE Step 3

Dr. Nyberg moved that the Board no longer require state sponsorship in order for candidates to take USMLE Step 3. Dr. Jones seconded the motion, which passed unanimously.

X. Medical Director's Report (None)

XI. Remarks of Assistant Attorney General (None)

XII. Secretary's Report

A. List A

1. M.D. List A Licenses for Ratification

Dr. Jones moved to ratify the physicians on M.D. List A for licensure. Dr. Dumont seconded the motion, which passed unanimously.

The following license applications have been approved by staff and Board Secretary Maroulla Gleaton, M.D. without reservation:

NAME	SPECIALTY	LOCATION
Anderson, Christopher D.	Neurology	Telemedicine
Aslam, Muhammad	Pediatrics	Not Listed
Bates, Sara V.	Pediatrics	Not Listed
Bourque, Suzanne M.	Neurology	Bangor
Brinckman, Mark A.	Diagnostic Radiology	Portland
Brodkin, Christopher C.	Internal Medicine	Bangor
Cahill, Anne T.	Thoracic Surgery	Bangor
Capecci, Kendall L.	Diagnostic Radiology	Not Listed
Coku, Lindita	General Surgery	Not Listed
Coon, David R.	Pathology	Not Listed
Czerkes, Michael J.	OB/GYN	Lewiston
Degefu, Fikre W.	Internal Medicine	Farmington
Dillon, Bonnie J.	Emergency Medicine	Presque Isle
Dolbec, Katherine W. D.	Emergency Medicine	Norway
Dugan, Khadija N.	OB/GYN	Calais
Gokhale, Mandaar A	Emergency Medicine	Machias
Gujral, Kiranjot	Internal Medicine	Augusta
Kaplan, Roy M.	Anesthesiology	Not Listed
Kerzner, Leslie S.	Pediatrics	Telemedicine
Kirsanov, Evgeny /s,	Internal Medicine	Presque Isle

Levy, Richard L.	Neurology	Westbrook
MacDonald, James A.	OB/GYN	Calais
Malhotra, Reenu	Pathology	Not Listed
Marenchic, Michael G.	Emergency Medicine	Presque Isle
Mashas, Wayne E.	Surgery	Lewiston
Molloy IV, Philip J.	Internal Medicine	Presque Isle
Nasreen, Fahima	Internal Medicine	Portland
Pringle, Dwight H.	Internal Medicine	Windham
Sahajpal, Deenesh T.	Orthopedic Surgery	Presque Isle
Salsbury, Thomas L.	Orthopedic Surgery	Not Listed
Shands, Patricia A.	Orthopedic Surgery	Waterville
Spector, Jonathan M.	Pediatrics	Not Listed
Sweeney, Michael C.	Urology	Bangor
Timerding, Beverly L.	Emergency Medicine	Not Listed
Tsintzilonis, Stylianos	General Surgery	Millinocket

2. P.A. List A Licenses for Ratification

Dr. Jones moved to ratify the physician assistants on P.A. List A for licensure. Ms. Clukey seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by Board Secretary Maroulla Gleaton, M.D. without reservations:

NAME	LICENSE	PSP	LOCATION
Sebastien Duclos, P.A.-C	Active	Larry Hopperstead, M.D.	Lewiston
Sonia Masse, P.A.	Inactive	None	None
Bethany Pinkham, P.A.-C	Active	Robert Abrams, M.D.	Lubec
Michelle Zarko, P.A.-C	Active	Timothy Webb, M.D.	Waterville
Lena Witham, P.A.-C	Active	John Klemperer, M.D.	Bangor
Matthew Bureau, P.A.-C	Active	Peter Bouman, M.D.	Lewiston
Heather Teng, P.A.-C	Inactive	None	None
Jason Trenkle, P.A.-C	Active	Paul Vom Eigen, M.D.	Bangor

B. List B Applications for Individual Consideration

1. David M. Breer, M.D.

The Licensure Committee moved to grant a license with a Consent Agreement to include participation in the MMPHP, ongoing therapy, and a mentor in his new practice setting with frequent reports to the Board. The motion passed unanimously.

2. Winoah A. Henry, M.D.

The Licensure Committee moved to approve Dr. Henry's application for a permanent license. The motion passed unanimously.

3. Supriya Gupta, M.D. (Table)

4. William Dufresne, M.D.

The Licensure Committee moved to grant an Administrative License. Dr. Dufresne has reassured the Board that he will only be interpreting insurance policies and will not be doing any clinical medicine. The motion passed unanimously.

5. Kenneth Stone, M.D.

The Licensure Committee moved to approve the license application of Kenneth Stone, M.D. The motion passed unanimously.

6. Christine Mellon, M.D.

The Licensure Committee moved to grant licensure with a Consent Agreement to include continued participation in the MMPHP, mentored practice, and continued psychotherapy. The motion passed unanimously.

7. Marshall Hubsher, M.D.

The Licensure Committee moved to deny the license application of Marshall Hubsher, M.D. based on fraud and deceit in application.

8. Scott Adelman, M.D.

The Licensure Committee moved to approve the license application of Scott Adelman, M.D. The motion passed 5-1-1-0 with Dr. Nyberg abstaining.

C. List C Applications for Reinstatement

1. List C Applications for Reinstatement

Dr. Jones moved to approve the physicians on List C for reinstatement. Dr. Dumont seconded the motion, which passed unanimously.

The following license reinstatement applications have been approved by staff and Board Secretary Maroulla Gleaton, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Fisher, Steven J.	Internal Medicine	Lincoln
Hephinger, Donna J.	Internal Medicine	Waterville

McNichol, Daniel I.

Otolaryngology

Waterville

2. List C Applications for Reinstatement for Individual Consideration (None)

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration

The following physicians and physician assistants have applied to withdraw their licenses from registration.

<u>NAME</u>	<u>LICENSE NO.</u>
Chase, Thomas	MD12205
Clayton, Thomas	PA573
Helveston, Wendell	MD18578
Hume, H. Alan	MD8521

Dr. Jones moved to approve the physicians and physician assistants on List D (2) to withdraw their licenses from registration. Dr. Dumont seconded the motion, which passed unanimously.

3. List D (3) Withdraw License from Registration - Individual Consideration (None)

E. List E Licenses to lapse by operation of law (FYI)

The following physician and physician assistant licenses lapsed by operation of law effective October 15, 2012.

<u>NAME</u>	<u>LICENSE NO.</u>
Agbayani-Asar, Olga	MD14944
Bayani, Ayn Vincent	MD14750
Bhatia, Pramod	MD12731
Bowen, Dale	MD16044
Burgess, Andrew	MD13837
Carden, Geoffrey	MD18139
Chirkova, Katie	MD17726
Columbus, Donald	MD9231
Das, Lakshmi	MD8319
Eilers, Elizabeth	MD6223
Falcon, Amalia	MD10547
Feingold, Murray	MD9393
Ghosh, Smnath	MD18560
Guiffre, Richard	MD7105
Gottlieb, Philip	MD14771
Hoy, John	MD17372
Osborn, Frank	MD17160

Sikka, Sanjay	MD18667
Stewart, Margaret	MD16106
Talreja, Ashok	MD17451

F. List F Licensees requesting to convert to active status

G. List G Renewal applications for review

1. Craig Young, M.D.

The Licensure Committee moved to grant the renewal application of Craig Young, M.D. The motion passed 5-0-1-1 with Ms. Clukey abstaining and Dr. Jones recused.

H. List H. Physician Assistant Schedule II Authority Requests for Ratification

1. Applications to Renew Schedule II Authority (None)

2. Applications for New Schedule II Authority

Dr. Jones moved to ratify the Physician Assistants on List H (2) for new Schedule II Authority. Dr. Dumont seconded the motion, which passed unanimously.

The following new requests for Schedule II prescribing authority have been approved by the Board Secretary Maroulla Gleaton, M.D.

NAME	PSP	LOCATION
Brandon McCrossin, P.A.-C	Thomas M. Morrione, M.D.	Portland
Bethany Pinkham, P.A.-C	Robert Abrams, M.D.	Lubec
Amy Bosinske, P.A.-C	Ira Bird, M.D.	Brunswick
Patrick Sawyer, P.A.-C	Anuj Rajkandel, M.D.	Isle
Sonya Justus, P.A.-C	Lee Thibodeau, M.D.	Windham
James Gillen, Jr., P.A.-C	Scott Buchanan, M.D.	Portland
Patrick Sawyer, P.A.-C	Anuj Raj Kandel, M.D.	Presque Isle

XIII. Standing Committee Reports

A. Administration, Policy & Rules Committee

1. Staff Compensation Action

Dr. Jones moved to approve the annual longevity compensation for the Executive Director for 2012. Dr. Dumont seconded the motion, which passed unanimously.

2. First Quarter Financial Report (FYI)

B. Legislative & Regulatory Committee (FYI)

C. Physician Assistant Advisory Committee

1. U.N.E. Appointment will be discussed further at the December 4th PA Advisory Committee Meeting.

XIV. Board Correspondence (FYI)


XV. FYI

XVI. FSMB Material (FYI)

XVII. Other Business – Chronic Pain Project Report (Tabled)

XIII. Adjournment 2:51 p.m.

Respectfully submitted,


Jean M. Greenwood
Board Coordinator

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:)	CONSENT AGREEMENT FOR
Joel A. Hendler, M.D.)	SURRENDER OF LICENSE
CR11-317)	

This document is a Consent Agreement, effective when signed by all parties, regarding an adverse licensing action against the license to practice as a physician in the State of Maine held by Joel A. Hendler, M.D. The parties to the Consent Agreement are: Joel A. Hendler, M.D. ("Dr. Hendler"), the State of Maine Board of Licensure in Medicine ("the Board"), and the State of Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. At all times relevant to the complaint, Dr. Hendler was a licensee of the Board. The Board first issued Dr. Hendler a medical license on March 9, 2011. Dr. Hendler specializes in Internal Medicine and Gastroenterology.

2. On March 30, 2011, the Board received information from Long Creek Youth Development Center (LCYDC), which is located in South Portland, Maine. According to that information, Dr. Hendler prescribed what appeared to be a "significant amount of Oxycodone" to a female juvenile resident prior to her commitment at that facility. LCYDC asked the Board to investigate the matter. The Board staff obtained a prescribing profile from the Prescription Monitoring Program (PMP) regarding Dr. Hendler's prescribing of narcotics to the female juvenile resident. According to the PMP, Dr. Hendler prescribed 368

tablets of narcotics to the female juvenile resident between May 2010 and October 2010.

3. On May 10, 2011, the Board reviewed the information from LCYDC and the PMP, and voted to investigate the matter further by obtaining a copy of Dr. Hendler's medical records regarding the female juvenile resident (patient X). The Board staff subsequently obtained a copy of Dr. Hendler's medical records regarding patient X.

4. On July 12, 2011, the Board reviewed the information from LCYDC, the PMP, and Dr. Hendler's medical records regarding the female juvenile resident (patient X), and voted to initiate a complaint against Dr. Hendler's Maine medical license. The Board docketed the complaint as Complaint No. CR11-317 and sent it to Dr. Hendler for a response. In particular, the Board noted in the complaint that patient X was admitted to LCYDC as a result of drug-related offenses, had a significant substance abuse problem, and was prescribed a significant amount of narcotics by Dr. Hendler prior to her commitment to LCYDC.

5. On September 6, 2011, the Board received a response from Dr. Hendler to Complaint No. CR11-317. In his response, Dr. Hendler explained his treatment of patient X, including the medical rationale for his prescribing narcotics. Dr. Hendler admitted that he did not have a written pain contract for patient X, and that in hindsight patient X displayed some drug seeking tendencies but that he chose to believe her reports of pain.

6. On October 11, 2011, the Board reviewed Complaint No. CR11-317, including Dr. Hendler's response and all investigative information. During its review, the Board noted that patient X's medical records indicated that only limited examinations appeared to be performed, there were frequent refills for narcotic medications, there was no narcotic contract, there appeared to be no review of the PMP (which would have shown multiple prescribers). Following its review, the Board voted to further investigate the matter. More specifically, the Board voted to request an additional four (4) patient medical records from Dr. Hendler for review of his prescribing and medical record keeping practices. The Board staff subsequently obtained an additional four (4) patient records of Dr. Hendler for review by the Board.

7. On December 13, 2011, the Board reviewed Complaint No. CR11-317, including Dr. Hendler's response and all investigative information. During its review, the Board noted that the following concerns regarding the additional four medical records: lack of "universal precautions" taken besides pain contracts; some of the records had no written pain contracts; lack of referrals to physical therapy or pain clinics; the medical records appeared minimal. Following its review, the Board voted to schedule Dr. Hendler for an informal conference to discuss these issues. In addition, the Board suggested that Dr. Hendler complete a course in chronic pain treatment prior to the informal conference and ask him to describe how, if at all, it has changed his medical practice.

8. On May 15, 2012, the Board sent Dr. Hendler a notice of informal conference to be held at the Board office on June 12, 2012, regarding Complaint No. CR11-317.

9. On June 12, 2012, the Board received a facsimile letter from Dr. Hendler's wife, who indicated that Dr. Hendler was unable to attend the informal conference because he was suffering from early Alzheimer's Disease and dementia and was residing at an assisted living facility in California. In addition, Mrs. Hendler requested that the Board accept the surrender of his Maine medical license. Following its review of this information, the Board voted to accept the surrender of Dr. Hendler's Maine medical license pursuant to a consent agreement conditioned upon its receipt of medical information that corroborated the fact that Dr. Hendler was, in fact, suffering from dementia and early Alzheimer's disease.

10. On November 2, 2012, the Board received a copy of a facsimile letter dated November 2, 2012, from a California physician regarding Dr. Hendler's medical status. According to that letter, the physician saw Dr. Hendler on one occasion on November 21, 2011, during which time the physician concluded that Dr. Hendler was suffering from cognitive impairment, especially in the performance of complex memory and construction tasks. Although Dr. Hendler declined formal testing, the physician concluded that Dr. Hendler is suffering from Cognitive Impairment, NOS, which may represent the onset of Alzheimer Dementia, Vascular Dementia or a combination which likely

had been developing insidiously over time and may have contributed to his performance as a physician in Maine.

11. This Consent Agreement has been negotiated by and between Holly E. Russell, Esq., legal counsel for Dr. Hendler, and legal counsel for the Board in order to resolve this matter without further proceedings. Absent Dr. Hendler's acceptance of this Consent Agreement by signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before December 14, 2012, the Board will conduct further investigations and proceedings.

12. Legal counsel for Dr. Hendler waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification on November 13, 2012.

COVENANTS

In lieu of further investigations and proceedings in this matter, Dr. Hendler agrees to the following:

13. The Board makes no findings regarding Dr. Hendler's medical care and record keeping regarding Complaint No. CR11-317. Dr. Hendler admits that sufficient evidence has surfaced during the Board's investigation of Complaint No. CR11-317 for the Board to find that he currently has a "professional diagnosis of a mental or physical condition" that may result in his performing medical services in a manner that endangers the health or safety of patients pursuant to 32 M.R.S. § 3282-A(2)(C).

14. As a result of the admission in paragraph 13 above, Dr. Hendler agrees to the IMMEDIATE SURRENDER of his Maine medical license effective upon the execution of this Consent Agreement.

15. Dr. Hendler waives his right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement. Dr. Hendler agrees that this Consent Agreement is a final order resolving pending Complaint No. CR11-317. This Consent Agreement is not appealable and is effective until or unless modified or rescinded in writing by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General.

16. The Board and the Office of the Attorney General may communicate and cooperate regarding Dr. Hendler or any other matter relating to this Consent Agreement.

17. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408. The purpose of this Consent Agreement is not to impose discipline upon Dr. Hendler regarding his medical care and treatment regarding Complaint No. CR11-317. However, this Consent Agreement constitutes adverse licensing action that must be reported to the Federation of State Medical Boards (FSMB), the National Practitioner Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB).

18. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

19. Dr. Hendler acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that she agrees to abide by all terms and conditions set forth herein.

20. For the purposes of this Consent Agreement, "execution" means the date on which the final signature is affixed to this Consent Agreement.

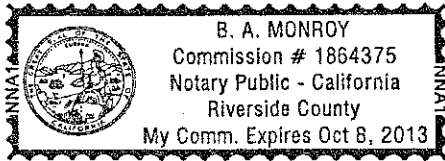
I, JOEL A. HENDLER, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: November 8, 2012 Raymond Hendler for Joel A. Hendler, M.D.
JOEL A. HENDLER, M.D. or (POA)
Legal Guardian/Authorized Representative

STATE OF California
RIVERSIDE COUNTY
S.S.

Personally appeared before me the above-named Joel A. Hendler, M.D. or his Legal Guardian/Authorized Representative and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: NOVEMBER 08, 2012 BA Monroy
NOTARY PUBLIC/ATTORNEY



MY COMMISSION ENDS: OCTOBER 08, 2013

DATED:

11/13/2012

HOLLY E. RUSSELL, ESQ.
Attorney for Dr. Hendler

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED:

11/13/2012

GARY R. HATFIELD, M.D., Chairman

STATE OF MAINE OFFICE
OF THE ATTORNEY GENERAL

DATED:

11/13/12

DENNIS E. SMITH
Assistant Attorney General

Effective Date:

11/13/12

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE:)	CONSENT AGREEMENT
CATHERINE A. LOCKWOOD, M.D.)	FOR DISCIPLINE AND
Complaint Nos. CR11-479/CR12-22)	RESTRICTED LICENSE
)	

This document is a Consent Agreement For Discipline and Restricted Licensure, effective when signed by all parties, regarding discipline imposed upon and the issuance of an active restricted license to practice medicine in the State of Maine to Catherine A. Lockwood, M.D. The parties to this Consent Agreement are: Catherine A. Lockwood, M.D. ("Dr. Lockwood"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Office of the Attorney General.

STATEMENT OF FACTS

1. The Board first issued Dr. Lockwood a medical license on June 2, 2003. Dr. Lockwood specializes in Family Practice.

2. On September 26, 2011, the Board received information from a physician assistant who was concerned about Dr. Lockwood's prescribing of controlled drugs to patient X. According to the physician assistant, on September 23, 2011, he examined patient X, a former patient of Dr. Lockwood's, who appeared to be suffering from medication toxicity. The Board staff subsequently obtained a prescription profile for patient X from the Prescription Monitoring Program (PMP), and a copy of patient X's medical

records.

3. On November 8, 2011, the Board reviewed the foregoing information and voted to initiate a complaint against Dr. Lockwood's Maine medical license pursuant to 32 M.R.S. § 3282(A)(2) alleging inappropriate prescribing practices regarding patient X. The Board docketed the complaint as Complaint No. CR11-479 and sent it to Dr. Lockwood for a response.

4. On January 19, 2012, the Board received a response from Dr. Lockwood to Complaint No. CR11-479. According to Dr. Lockwood, during her care and treatment of patient X, the patient never demonstrated any symptoms of medication toxicity with the exception of one occasion when the patient was dehydrated and presyncopal and was transported by ambulance to the hospital. Dr. Lockwood described her care and treatment of patient X, including her medical rationale for prescribing increasing dosages of controlled drugs, which included a combination of narcotics and benzodiazepines.

5. On February 14, 2012, the Board reviewed Complaint No. CR11-479, including Dr. Lockwood's response and all investigative records. Following its review, the Board voted to further investigate the matter by obtaining additional patient records of Dr. Lockwood. The Board staff subsequently obtained through subpoena an additional five (5) patient records for the Board.

6. On February 14, 2012, the Board also reviewed additional information received from the Maine Office of Attorney General and the Maine

Drug Enforcement Agency regarding Dr. Lockwood's prescribing of controlled drugs to patient Y. The information reviewed also included a copy of the PMP regarding patient Y, and a copy of patient Y's medical records. Following its review of this information, the Board voted to initiate a complaint against Dr. Lockwood's Maine medical license pursuant to 32 M.R.S. § 3282-A(2) alleging inappropriate prescribing practices regarding patient Y. The Board docketed the complaint as Complaint No. CR12-22 and sent it to Dr. Lockwood for a response.

7. On April 24, 2012, the Board received a response from Dr. Lockwood to Complaint No. CR12-22. In her response, Dr. Lockwood described her care and treatment of patient Y, including her medical rationale for prescribing increasing dosages of controlled drugs, which included a combination of narcotics and benzodiazepines. In addition, Dr. Lockwood explained that she was no longer practicing primary care medicine, and was practicing urgent care medicine at a new location, which would obviate the need for her to prescribe controlled drugs for the treatment of chronic pain.

8. In May 8, 2012, the Board reviewed Complaint No. CR11-479 and Complaint No. CR12-22, both of which involved Dr. Lockwood's prescribing of controlled drugs for the treatment of chronic pain. During its review, the Board noted that while Dr. Lockwood appeared to care about the pain that her patients suffered, she ended treating patients using poly-pharmacy without having a sufficient plan in place. In addition, the Board noted that that Dr.

Lockwood: increased at times dosages of controlled drugs despite her plan to decrease the dosages; did not consistently conduct pill counts; at times did not conduct urine drug screens; failed to discontinue controlled substance prescriptions when urine drug screens were positive for marijuana (Dr. Lockwood never prescribed marijuana to patients); and the patient treatment records did not evidence the frequency of physical examinations of patients as required to assess the functionality of the patients' chronic pain. Following its review and discussion the Board voted to schedule an informal conference with Dr. Lockwood regarding Complaint Nos. CR11-479 and CR12-22 concerning the following issues: chronic pain management; choice of medications; tools to manage narcotics; use of follow-up plans; use of poly-pharmacy; examinations and documentation of examinations; and general care, treatment and medical record documentation.

9. On October 9, 2012, the Board held an informal conference with Dr. Lockwood regarding Complaint Nos. CR11-479 and CR12-22. Following the informal conference, the Board voted to schedule the matters for an adjudicatory hearing and offer Dr. Lockwood this Consent Agreement to resolve Complaint Nos. CR11-479 and CR12-22 without further proceedings.

10. This Consent Agreement has been negotiated by and between legal counsel for Dr. Lockwood and the Maine Office of the Attorney General in order to resolve Complaint Nos. CR11-479 and CR12-22 without an adjudicatory hearing. Absent Dr. Lockwood's acceptance of this Consent Agreement by

signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before December 10, 2012, the Board will resolve this matter by holding a consolidated adjudicatory hearing at a later date.

11. By signing this Consent Agreement, Dr. Lockwood waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification. Dr. Lockwood also forever waives any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

COVENANTS

In lieu of proceeding to an adjudicatory hearing the Board and Dr. Lockwood agree to the following disposition.

12. With regard to Complaint Nos. CR11-479 and CR12-22 Dr. Lockwood concedes that the Board has sufficient evidence from which it could conclude that she failed to adhere to Board Rule Chapter 21 "Use of Controlled Substances For Treatment of Pain" and to current "Universal Precautions" for the treatment of patients for chronic, non-cancer pain. Dr. Lockwood concedes that such conduct, if proven, would constitute grounds for discipline of her Maine medical license for unprofessional conduct pursuant to 32 M.R.S. § 3282-A(2)(F).

13. As discipline for the conduct admitted above, Dr. Lockwood agrees

to:

a. Accept a REPRIMAND. As a medical professional, Dr. Lockwood was responsible for being aware of and complying with accepted standards of care for the diagnosis and treatment of chronic pain with narcotics and benzodiazepines.

b. Reimburse the Board the actual costs of investigation not to exceed Three Thousand Five Hundred Dollars and Zero Cents (\$3,500.00). Dr. Lockwood shall ensure that she makes full payment of reimbursement to the Board within eighteen months (18) months following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to "Maine Board of Licensure in Medicine," and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

c. Effective upon the execution of this Consent Agreement, accept the following license restriction, which shall remain in effect unless or until this Consent Agreement is rescinded or amended by all of the parties hereto: Dr. Lockwood may prescribe controlled substances for no more than ten (10) consecutive days to treat acute conditions. In addition, to the extent that Dr. Lockwood prescribes any controlled drugs to patients for acute pain, Dr. Lockwood agrees that she shall comply with Board Rule, Chapter 21, "Use of Controlled Substances For Treatment of Pain."

14. In order to ensure her compliance with the restriction on her ability to prescribe controlled drugs for the treatment of chronic pain, Dr. Lockwood agrees to fully cooperate with the Board and to permit the Board or its agent(s) to inspect her medical practice, including allowing the Board or its agents full access to and copying of the patient medical records of her medical practice as allowed by law.

15. Dr. Lockwood waives her right to a hearing before the Board or any court regarding all findings, terms, restrictions and conditions of this Consent Agreement. Dr. Lockwood agrees that this Consent Agreement is a final order resolving complaint Nos. CR11-479 and CR12-22. This Consent Agreement is not appealable and is effective until or unless modified or rescinded in writing by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General.

16. The Board and the Maine Office of the Attorney General may communicate and cooperate regarding Dr. Lockwood or any other matter relating to this Consent Agreement.

17. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408. This Consent Agreement constitutes disciplinary and adverse licensing action that is reportable to the Federation of State Medical Boards (FSMB), the National Practitioner Data Bank (NPDB), and the

Healthcare Integrity and Protection Data Bank (HIPDB).

18. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

19. The Board and Dr. Lockwood agree that no further agency or legal action will be initiated against her by the Board based upon Complaint Nos. CR11-479 and CR12-22, except or unless she fails to comply with the terms and conditions of this Consent Agreement.

20. Dr. Lockwood acknowledges that, pursuant to Title 10 M.R.S. § 8003(5)(B), her failure to comply with any of the terms or conditions of this Consent Agreement shall constitute grounds for additional disciplinary action against her Maine medical license, including but not limited to an order, after hearing, suspending or revoking her license.

21. Dr. Lockwood acknowledges and agrees that, pursuant to Title 10 M.R.S. § 8003(5), the Board has the authority to suspend or revoke her medical license in the event that she fails to comply with any terms or conditions of this Consent Agreement.

22. Dr. Lockwood has been represented by Kenneth W. Lehman, Esq., who has participated in the negotiation of this Consent Agreement.

23. Dr. Lockwood acknowledges by her signature hereto that she has read this Consent Agreement, that she has had an opportunity to consult with an attorney before executing this Consent Agreement, that she executed this Consent Agreement of her own free will and that she agrees to abide by all

terms and conditions set forth herein.

I, CATHERINE A. LOCKWOOD, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.


Dated: 11/13/12


CATHERINE A. LOCKWOOD, M.D.

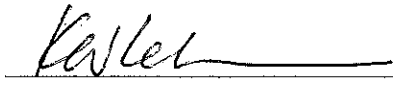
STATE OF MAINE
CUMBERLAND, S.S.

Personally appeared before me the above-named, Catherine A. Lockwood, M.D., and swore to the truth of the foregoing based upon her own personal knowledge, or upon information and belief, and so far as upon information and belief, she believes it to be true.

Dated: NOVEMBER 13, 2012


~~NOTARY PUBLIC/ATTORNEY~~
MAINE BAR LIC. 3283
~~MY COMMISSION ENDS:~~ _____


Dated: NOVEMBER 13, 2012


KENNETH W. LEHMAN, ESQ.
Attorney for Catherine A. Lockwood, M.D.

STATE OF MAINE BOARD OF
LICENSURE IN MEDICINE

Dated:


11/13/12


GARY R. HATHFIELD, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF ATTORNEY GENERAL

Dated:

11/13/12


DENNIS E. SMITH
Assistant Attorney General

Effective Date:

11/13/12